

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10-019,062	FILING DATE							
						CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			1		2				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.			
1	1						51							
2		1					52							
3		2					53							
4		10					54							
5		1					55							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2						TOTAL IND.							
TOTAL DEP.	20						TOTAL DEP.							
TOTAL CLAIMS	22						TOTAL CLAIMS							